

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
 IN THE UNITED STATES DISTRICT COURT  
 FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

FRANKLIN 461789

## COMPLAINT

(Last Name) (Identification Number)

TERRELL SR

(First Name) (Middle Name)

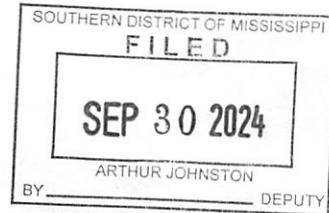
HARRISON COUNTY JAIL

(Institution)

10451 LARKIN SMITH DRIVE

(Address)

(Enter above the full name of the plaintiff, prisoner, and address  
 plaintiff in this action)



v.

CIVIL ACTION NUMBER: 1:24cv299TBM-RPM

(to be completed by the Court)

HARRISON COUNTY BOARD OF SUPERVISORS  
 Gulfport Police Department  
 Vital Care / VitalCare  
 Tiger Foods / Tiger SNACKS Co.

(Enter above the full name of the defendant or defendants in this action)

## OTHER LAWSUITS FILED BY PLAINTIFF

## NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ) No ( )

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

1. Parties to the action: N/A

2. Court (if federal court, name the district; if state court, name the county): N/A

3. Docket Number: N/A

4. Name of judge to whom case was assigned: N/A

5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): N/A

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any.)

I. Name of plaintiff: TERRELL FRANKLIN Prisoner Number: 461787  
 Address: 10451 LARKIN SMITH DRIVE Gulfport  
MISSISSIPPI 39502

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: HARRISON COUNTY Board of Supervisors is employed as  
Supervisors of the County at Harrison  
County Mississippi

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Terrell Franklin ADDRESS: 10451 Larkin Smith Drive  
Gulfport MS 39502

## DEFENDANT(S):

NAME: Harrison County Board of Supervisors ADDRESS: 10451 Larkin Smith Drive  
Gulfport MS 39502  
Gulfport Police Dept. 15th Street Gulfport MS 39502  
Officer John Doe #1 ADDRESS: 15th Street Gulfport MS 39502  
GPPD Officer John Doe #2 ADDRESS: 15th Street Gulfport MS 39502  
Harrison County Sheriff's Office ADDRESS: 10451 Larkin Smith Drive  
Gulfport MS 39502  
Corrections ADDRESS: 10451 Larkin Smith Drive  
Gulfport MS 39502  
Detention Mathaley ADDRESS: 10451 Larkin Smith Drive  
Gulfport MS 39502

## GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?  
 Yes ( ) No (✓)

B. Are you presently incarcerated for a parole or probation violation?  
 Yes ( ) No (✓)

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?  
 Yes ( ) No (✓)

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?  
 Yes ( ) No (✓)

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?  
 Yes (✓) No ( ), if so, state the results of the procedure: Have not Heard back  
again Wrote 34 times about it.

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?  
 Yes (✓) No ( )
2. State how your claims were presented (written request, verbal request, request for forms): I've used forms and told them Verbally, and I also requested more forms to do so.
3. State the date your claims were presented: 8-20-24 - 8-22-24
4. State the result of the procedure: nothing just 9-1-24 moved me to lock down then put me on crazy zone with mental patients who threw feces all over wall and I cleaned it up they move me back on lock down.

## STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

Gulfport Police came and broke my leg on the porch, Harrison County jail before to get me proper help, they also discovered my kidneys are failing but they won't get me the appropriate help I've wrote the Sheriff the captain and plenty medical request but they refuse to help saying I'm going to be out soon. The jail (they) feeding me spoiled vegetables and nice old sour potatoes and it has bologna that turned green and purple they doing me so bad can some body help me I can not read or write to well please.

## RELIEF

IV.

State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

\$50,000,000.00 fifty million dollars, plus All officers individual and official capacity, I want all the land from them the cars, boats, bank accounts, Swiss and foreign accounts CDs, bonds stocks, properties, Animals live stock and for them to pay for me a New Kidney Surgery so fully.

Signed this \_\_\_\_\_ day of SEPTEMBER 9/17, 2024.

*Terrell Franklin Sr.*  
*Terrell Franklin Sr.*  
Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

9/17/24  
(Date)

*Terrell Franklin Sr.*  
Signature of plaintiff